The Thin Blue Line of Mental Health: Mediated Representations of Police Use of Force in Mental Health Crisis Interventions

By

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A thesis submitted in fulfilment of the requirements of the Degree of Doctor of Philosophy (Communication) at the University of Canberra

December 2012
Abstract

This research examines the ways in which police officers and bereaved family members make sense of their lived experience of the fatal police-involved shooting of a mentally ill individual in crisis in the context of news media representations of these critical incidents. Fatal mental health crisis interventions are – by virtue of their circumstances – highly controversial and subject to different, often competing, interpretations between key stakeholders. This research adopts a critical realist approach to identify and explore these divergent interpretive frameworks in the context of ‘risk communication’ (Blood, Pirkis & Francis, 2004). It examines the ways in which police use of lethal force is typically framed in news media coverage of fatal mental health crisis interventions, and the media’s contribution to public understandings of contemporary policing and mental illness. Central to this is a qualitative interpretive framing analysis of the news media coverage of the fatal police-involved shooting of a mentally ill man, Paul Klein, on the south coast of New South Wales, Australia, in May 1998. A critique of the news frames constructed by print and broadcast news media is offered in relation to the personal testimonies of news media professionals, police officers, and bereaved family members involved in the critical incident. On the basis of this research and its comparison with more contemporary news frames of fatal mental health crisis interventions, it is shown that issues of risk, in particular, are often framed through news media and legal discourse in terms of technical expertise and public accountability, but they are dealt with by most individuals who have been involved in a fatal mental health crisis intervention at the local and subjunctive level in their everyday lives. The research argues that
while the risks inherent to fatal mental health crisis interventions may therefore be real, they are also socially mediated and open to contestation as a result of the tensions between the ‘situated knowledge’ (Wynne, 1996) of these key stakeholders, pre-existing institutional protocols, and the mediated representations of lived experience. A case in point is the personal trauma narratives of the individual police officers responsible for the fatal discharge of firearms, which have often been marginalised in news media reports of fatal mental health crisis interventions as a result of the rules of critical incident investigation. This has left these individuals vulnerable to harmful constructions of risk-based identities. The research considers the implications of this for police relationships with mentally ill individuals and for police agencies in terms of how they approach their interactions with vulnerable people in the community, while being in the media spotlight. The research also addresses the potential ‘news framing effects’ of these normative news framing practices on traumatised subjects, and the educative opportunities for news media in the construction of ‘public risk knowledge’ and community understandings of frontline policing and mental illness.
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**Acronyms and Abbreviations**

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<th>Definition</th>
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<tbody>
<tr>
<td>CAD</td>
<td>Computer Aided Dispatch</td>
</tr>
<tr>
<td>CAT</td>
<td>Crisis Assessment and Treatment</td>
</tr>
<tr>
<td>CIT</td>
<td>Crisis Intervention Team</td>
</tr>
<tr>
<td>COPS</td>
<td>Computerised Operational Policing System</td>
</tr>
<tr>
<td>DSM-IV-TR</td>
<td>Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition)</td>
</tr>
<tr>
<td>EDP</td>
<td>Emotionally Disturbed Person</td>
</tr>
<tr>
<td>ERISP</td>
<td>Police Record of Interview</td>
</tr>
<tr>
<td>FOSTU</td>
<td>Firearms Officer Survival Training Unit</td>
</tr>
<tr>
<td>HREOC</td>
<td>Human Rights and Equal Opportunity Commission</td>
</tr>
<tr>
<td>LAC</td>
<td>Local Area Command</td>
</tr>
<tr>
<td>LPC</td>
<td>Local Protocol Committee</td>
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<tr>
<td>MHASP</td>
<td>Mental Health Attitude Survey for Police</td>
</tr>
<tr>
<td>MHCA</td>
<td>Mental Health Council of Australia</td>
</tr>
<tr>
<td>MHIT</td>
<td>Mental Health Intervention Team</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>SOPs</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>SPG</td>
<td>State Protection Group</td>
</tr>
<tr>
<td>SPSU</td>
<td>State Protection Support Unit</td>
</tr>
<tr>
<td>OPI</td>
<td>Office of Police Integrity</td>
</tr>
<tr>
<td>OST</td>
<td>Operational Safety Tactics (Training)</td>
</tr>
<tr>
<td>PECC</td>
<td>Psychiatric Emergency Care Centre</td>
</tr>
<tr>
<td>PMI</td>
<td>Persons with a Mental Illness</td>
</tr>
<tr>
<td>POI</td>
<td>Person(s) of Interest</td>
</tr>
<tr>
<td>PORS</td>
<td>Public Order and Riot Squad</td>
</tr>
<tr>
<td>PSMI</td>
<td>People with Serious Mental Illness</td>
</tr>
<tr>
<td>TOU</td>
<td>Tactical Operations Unit</td>
</tr>
<tr>
<td>VKG/PAL</td>
<td>Police Radio Operators</td>
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Figure 1: Images of the death of Roni Levi, Bondi Beach, 28 June 1997
Photographed by Jean Pierre Bratanoff-Firgoff

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Figure 3: Year of Death, Jurisdiction, and Circumstances Relating to Police Shootings
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Figure 4: Police shooting deaths, 1990-2007

Figure 5: Progress in state-based mental health crisis response (NSW)
Acknowledgements

Writing a thesis about traumatic events and the personal impacts on the individuals involved has been more emotionally challenging than I thought it would be intellectually. The act of ‘bearing witness’ to the personal testimonies of these individuals has brought with it a sense of responsibility that has sometimes been difficult to reconcile. There are many private moments of self-reflection and personal struggle that have informed this research, but which have not been possible to include in this thesis.

The goodwill and cooperation of a number of individuals have contributed to the completion of this work. Words cannot express my sincere gratitude to Karl and Terri Klein, who allowed me to intrude upon their lives and often at very difficult times in their traumatic recovery. They did so with an enviable display of fortitude and hospitality. Many thanks for the cups of tea and homemade cake. But most of all, thank you for your unexpected generosity in sharing your personal files for my research, and for allowing me to use Paul’s story as part of this thesis.

I am also especially thankful to those news media professionals, police officers, and mental health consumers who participated in research interviews and focus groups for the thesis, and did so with unexpected candour and enthusiasm. Your lived experiences and reflections on your professional practices have significantly inspired and shaped the direction of this research project.
Thanks also to Michael Barnes, Joel Murchie, Rob Ramjan, and Jaelea Skehan for their professional insights and expertise in negotiating the shared, but complex territories of contemporary policing and mental illness.

My thanks to the staff at the JV Barry Library at the Australian Institute of Criminology; particularly the late Janet Smith, who was an early supporter of this research and who provided me with invaluable access to a range of resources, including research contacts.

Sincere thanks to my primary supervisor, Professor R. Warwick Blood, and also to Dr Kerry McCallum and Dr Glenn Mitchell for their enduring support, patience and intellectual generosity. Many thanks also to Dr Kate Holland, who took the time to review some of the early drafts of thesis chapters and to Gail Haley for her speedy transcription.

Thanks also to my colleagues at the University of Tasmania, some of whom have been instrumental in reminding me of the value of this research during the more difficult stages of its completion.

This final acknowledgment is perhaps the most personal and important: sincere thanks to my mother, Barbara, who has always been the model of resilience for me. I could not have completed this journey without your love, support, and good humour.

This thesis is dedicated to Nan and to the indispensible contributions of situated knowledge and lived experience in public discussions of complex social issues.

This research project would not have been possible without the financial support of an Australian Postgraduate Award from the Commonwealth Government.
Preface

This thesis has been inspired by a series of simple observations; primary among which is the recognition that while the lives of ordinary people can be irreversibly and detrimentally impacted by personal involvement in extraordinary and traumatic events, so too can the lives of other ordinary people be irrevocably affected by ‘bearing witness’ to this personal trauma, and the weight of professional responsibility that often accompanies such acts of ‘listening’ and ‘witnessing’. For these reasons, it has been difficult to completely write myself out of the thesis or beyond the responsibilities that have come with the research. There is reason to suggest that to do so may be problematic to the integrity of the project.

Some time was spent trying to resolve these ethical discomforts; the process for which resulted in the publication of the following peer-reviewed book chapter:

Clifford, K. (2010). Mental Health Trauma Narratives and Misplaced Assumptions: Towards an Ethics of Self-Care Among (Humanities-Based) Trauma Researchers. In M. Broderick & A. Traverso (Eds.), Trauma, Media, Art: New Perspectives (pp. 175-192). Newcastle upon Tyne: Cambridge Scholars Publishing.

Sections of various chapters have also been adapted into the following peer-reviewed journal article and book chapters while the research for this thesis progressed:


Warning: the confronting content of this thesis may be distressing to some readers.

If you need immediate assistance or support in Australia, please contact:

Lifeline 13 11 14

Or please talk to your GP, local health professional or someone you trust.

For further information about mental illness and suicide prevention, please visit:

SANE Australia: [www.sane.org](http://www.sane.org)
Schizophrenia Fellowship of NSW: [www.sfnsw.org.au](http://www.sfnsw.org.au)
Suicide Prevention Australia: [www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)